

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL039001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/31/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE MEADOWS LONG TERM CARE FAC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6659 PRIVATE SCHOOL ROAD OXFORD, NC 27565</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments  Report of a Construction Section Follow-up Survey by Ed Miller on August 31, 2016.  Deficiencies were cited that will require a Plan of Correction.	{C 000}		
{C 101}	Existing Licensed Fac- No less than '71 Rules  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;  This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to meet Licensure Rule requirements in effect at the time of change of use from a School to a Home for the Aged.  Findings on August 31, 2016:  Records indicate this facility was originally constructed as a school and was first licensed as a Home for the Aged on July 1, 1981. The Home	{C 101}		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL039001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/31/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE MEADOWS LONG TERM CARE FAC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6659 PRIVATE SCHOOL ROAD OXFORD, NC 27565</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 101}	Continued From page 1  for the Aged Minimum and Desired Standards and Regulations effective January 1, 1977 (C. 3. h (1)) state all corridors shall have smoke doors and smoke partitions extending from floor to roof deck and building outer wall to outer wall at distances not to exceed 150 feet.  Observation of the wall extending from the cross corridor doors up to the roof deck and outer walls revealed the partition is not sealed at the top where the wall meets at the bar joists and at the roof decking.  2. Based on observations, the facility does not meet Building Code requirements in effect at the time of alteration.  Findings on August 31, 2016:  a- There is residential type wood paneling installed in the Dining Room as a wainscot. Interview with facility owner indicated this has been there at least 9 years. This wood paneling would have been factory treated to meet a Class C finish (flame spread 75 - 200) and has not been painted with a fire retardant paint or varnish to increase the flame spread rating to a minimum Class B finish (flame spread 25-75).	{C 101}		
{C 164}	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair;	{C 164}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL039001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/31/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE MEADOWS LONG TERM CARE FAC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6659 PRIVATE SCHOOL ROAD</b> <b>OXFORD, NC 27565</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 164}	<p>Continued From page 2</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1- Based on observations, the facility has not maintained the building and furnishings clean and in good repair.</p> <p>Findings on August 31, 2016:</p> <p>b- In all areas of the building, the floors are dirty. The corners, behind doors, and behind furniture is built-up with dirt, dust and trash. In many areas in resident rooms, the floor tiles are scarred by the movement of furniture and do not appear to have been waxed for a long period of time.</p> <p>c-The finish on most of the corridor doors is scarred or scratched, and many are delaminating at the edges.</p> <p>g- In many resident rooms, the top surfaces of dressers and night stands are scarred and have water stains on them.</p> <p>The following are some specific instances of the building and furnishings in disrepair. There are additional areas in need of improvement not listed here.</p> <p>h- In the Bathroom (shower room) across from Room 15, the following items need attention:</p> <p>1- There is mildew growth in the grout on the floors and walls.</p> <p>3- Many of the ceramic tiles in the shower are cracked or broken and were grouted in place cracked and uneven.</p> <p>i- In the Bathroom (tub room) across from Room 15, the following items need attention:</p> <p>1- The corridor door is damaged and will not latch.</p>	{C 164}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL039001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/31/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE MEADOWS LONG TERM CARE FAC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6659 PRIVATE SCHOOL ROAD</b> <b>OXFORD, NC 27565</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 164}	Continued From page 3  j- In Room 11, the following items need attention: 2- The corridor door is scarred. 3- The ceiling tiles are cupping.  k- In the combined Men's/Women's Bathroom, the following items need attention: 1- The silvering on the mirror is damaged. 2- The toilet Paper holder is missing.  l- In the Women's Main Bathroom, the following items need attention: 3- There is not bathroom tissue in any of the stalls and the tissue holders are missing parts.  o- In Room 1, the following items need attention: 1- The corridor door surface is damaged. 2- The wall and corners damaged beside the closets has been repaired but not finshed with a skim coat and sanding so that it is ready for painting.  q- In the Kitchen, the following items need attention: 2- The floor around and under the stove and especially around the grease trap has a coating of dirt and grease. 3- In general the kitchen is in need of a deep cleaning.  t- In the Activity Room, the following items need attention: 3- The ceiling tile is cupping.  u- In Bathroom beside the Activity Room, the following items need attention: 1- There are missing ceramic tiles in the shower and cracked tiles have been grouted in place cracked and uneven.	{C 164}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL039001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/31/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE MEADOWS LONG TERM CARE FAC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6659 PRIVATE SCHOOL ROAD</b> <b>OXFORD, NC 27565</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 164}	Continued From page 4  v- In the 2nd Bathroom adjacent to the Activity Room, the following items need attention: 1- The tile is cracked at the tub and was grouted in place cracked and uneven. 2- There is mold and mildew present on the ceramic tile, wall, and floor.  w- In Resident Room 6, the following items need attention: 2- The wall is damaged near the window.  y- In Resident Room 8, the closet door has a prior repair that was never sanded smooth prior to painting.  z- In Resident Room 10, the following items need attention: 2- There are patches from previous damage to the walls that have not been finished.	{C 164}		
{C 166}	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the building free of hazards. This could injure building occupants as the oxygen containers could fall over, damaging the cylinder or nozzle.	{C 166}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL039001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/31/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE MEADOWS LONG TERM CARE FAC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6659 PRIVATE SCHOOL ROAD</b> <b>OXFORD, NC 27565</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 166}	Continued From page 5  Findings on August 31, 2016:  a- There were eight oxygen bottles in Room 11/Office that are stored standing up not secured to the structure. b- In the Medical Storage room, there are oxygen bottles being stored standing up in beverage crates not secured to the structure.  4- Based on observation, the facility is not free of potential fire hazards.  New Findings on August 31, 2016:  c. The clothes dryer terminates outside into a brick box with a cover made of wood and a small mesh screen. This screen was catching the lint and was nearly clogged.	{C 166}		
{C 189}	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 2. Based on observations, the facility has failed to ensure that the building is safe by not maintaining the fire resistance of building components. This deficiency directly affect all residents by allowing	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL039001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/31/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE MEADOWS LONG TERM CARE FAC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6659 PRIVATE SCHOOL ROAD OXFORD, NC 27565</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 189}	<p>Continued From page 6</p> <p>the possible spread of smoke beyond the compartment of origin.</p> <p>Findings on August 31, 2016:</p> <p>e- The corridor door to the Bathroom adjacent to the Activity Room does not close completely and latch unless it is slammed, then it becomes difficult to open from the corridor side.</p> <p>3- Based on observations, the facility has failed to maintain the building electrical system safe and operating.</p> <p>Findings on August 31, 2016:</p> <p>a- In the kitchen, approximately 1/2 of the florescent bulbs were missing the protective sleeve that is required when florescent bulbs are installed over food preparation areas.</p> <p>b- In the kitchen, several of the light fixtures were not working and the lighting appeared inadequate (dim).</p> <p>c- In many Resident Rooms, the wall sconces beside the beds are not in working condition. Some are broken, have no bulbs and no shades and in some cases removed altogether leaving no light within reach of a bed.</p> <p>4-Based on observations, the facility has failed to maintain the building plumbing system safe and operating.</p> <p>New Findings on August 31, 2016:</p> <p>f- In the 2nd Bathroom adjacent to the Activity Room, there is no vacuum breaker or anti-siphon device for the shower hose, which extends into the shower.</p>	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL039001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/31/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE MEADOWS LONG TERM CARE FAC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6659 PRIVATE SCHOOL ROAD</b> <b>OXFORD, NC 27565</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 195}	<p>Hot Water System</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation and testing, the water temperature at fixtures used by residents was not maintained at a minimum of 100 degrees and allowed to exceed the maximum temperature of 116 degrees F.</p> <p>Findings on August 31, 2016:</p> <p>b- The temperature at the hand sink in the tub room at the north end of the facility was measured at 125 degrees F.</p>	{C 195}		